

**Department of Public Health  
Bureau of Substance Abuse Services**

**APPLICATION FOR APPROVAL OF  
ADDICTION EDUCATION PROVIDER**

**INSTRUCTIONS**

**Applicants must be in compliance with requirements of relevant state regulations:**

- **If affiliated with an independent college, junior college or university, 610 CMR 2.00;**
- **If affiliated with a public education institution within the public system of higher education as set forth in M.G.L. c. 15A, § 5, those regulations;**
- **If an independent education/training entity not affiliated with an education entity described in the previous two bullets, the applicable regulations.**

**Submission of an application constitutes affirmation that applicant is fully compliant with these regulations.**

Carefully review the entire application, including the following instructions before completing and submitting this application to BSAS.

1. Respond to all items. Incomplete applications, and applications that do not follow these instructions, will be returned to the applicant.
2. Enter program name and date of application in the space provided.
3. The “Attestations and Certifications” section must be signed in ink by the specified applicant authorities.
4. Information requested in Section I, “Application Documentation,” must be provided in the form and order specified -- that is, narrative descriptions when instructed to “describe” and forms, policies, certificates, etc. attached when requested (if applicable).
5. Tables included must be used to record requested information.
6. If sending hard copy, do not staple or bind application – attach all pages with a binder clip.
7. Save the completed application as: **AEP Application [date] [Program Name]**. Save each scanned document as **AEP Application [date] [Program Name] Attachment [title of attachment]**.
8. Completed application forms must be emailed. Printed signature pages and attachments should also be scanned and included in the electronic submission, however, applicants may send the entire packet in hard copy if scanning is not possible. Application should be submitted as follows:
  1. (Required) Electronic version of application form to: [alex.kearns@state.ma.us](mailto:alex.kearns@state.ma.us)
  2. (Recommended) Electronic image (scan or photo) of signature pages and all attachments to: [alex.kearns@state.ma.us](mailto:alex.kearns@state.ma.us)
  3. (Optional – if emailing is not possible) Hard copy of application form, signature pages, and attachments to:

Department of Public Health  
Bureau of Substance Abuse Services  
250 Washington Street, Third Floor  
Boston, MA 02108  
**Attn: Quality Assurance and Licensing**